

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5228AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2009
NAME OF PROVIDER OR SUPPLIER DIAMOND RETIREMENT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 335 W SHERWOOD DR HENDERSON, NV 89052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28263 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/27/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of B. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and 3 employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Surveyor: 28263 Based on record review on 10/27/09, the facility failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1). Findings include: Employee #1's personnel file did not include a current annual TB test. Severity: 2 Scope: 1	Y 103		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation on 10/27/09, the facility failed to ensure the premises was free from hazards that impede the free movement of residents outside of the facility. Findings include: The facility was licensed to provide care to persons with Alzheimer's disease, Category II residents. The egress pathway to exit the facility from the backyard, consisted of rock landscaping. The facility failed to provide a clear pathway from the	Y 175		

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Y 175	Continued From page 2 backyard, that was free of obstacles to exit the facility in case of an emergency. The current pathway created a potential hazard for residents that required the use of wheelchairs and walkers. Severity: 2 Scope: 3	Y 175			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 28263 Based on record review and interview on 10/27/09, the facility failed to ensure the caregiver administered medication as prescribed by a physician for 1 of 3 residents (Resident #3). Findings include: Resident #3's medication bottle of Entocort EC 3 milligrams (MG) was labeled with directions for administration as follows: 1) Two tablets by mouth on Wednesdays and Sundays	Y 878			

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Y 878	Continued From page 3 2) Three tablets by mouth on all other days Based on review of the Resident #3's prescription, the bottle containing Entocort 3 MG was confirmed as labeled according to the prescription written. The MAR for October, 2009 documented the administration of Entocort EC 3 milligrams (MG) to Resident #3 as follows: 1) Two tablets by mouth on Mondays through Fridays 2) Three tablets by mouth on Saturdays and Sundays Based on interview with Employee #1 on 10/27/09, Entocort EC 3 MG was administered as documented in the October MAR and did not reflect the current physician order as labeled. Severity: 2 Scope: 1	Y 878		
Y 895 SS=B	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 895		

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Y 944	Continued From page 5 in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Surveyor: 28263 Based on record review and interview on 10/27/09, the facility did not provide proper documentation regarding a resident who had been transferred to another facility. Findings include: Resident #4 was transferred to the care of Odyssey Hospice on 4/18/09. There was no evidence in the file of a discharge document indicating the location to which Resident #4 was transferred or the person in whose care Resident #4 was discharged. Severity: 1 Scope: 1	Y 944		
Y 994 SS=F	449.2756(1)(e) Alz fac -Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the	Y 994		

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